

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Geoff DavisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D90141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

RADANOVICH FOR CONGRESS

Mailing Address 30151 TOMAS STREET

City RANCHO STA MRGRITA State CA Zip Code 92688

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. George P. RadanovichCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: D90070

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN NYE

Mailing Address PO BOX 68444

City VIRGINIA BEACH State VA Zip Code 23471

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Glenn C. NyeCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D90138

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)